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ABSTRACT

The final report of a child abuse/neglect program involving 46 white families in urban Philadelphia reviews differences found between neglectful and control parents in parental personalities, life histories, and in styles of adaptation associated with child neglect. Four papers are appended, comprising the bulk of the report. Appendixes focus on the following topics: the development and field testing of the Childhood Level of Living Scale, a measure of how well a child is being cared for; class orientations to child neglect; public opinion and intervention in neglect; and the isolation of the neglectful family. (CL)

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THE APATHY-FUTILITY SYNDROME IN CHILD NEGLECT:

AN URBAN VIEW

FINAL REPORT

on

Project 90-C-442

to

Research and Evaluation Division
Office of Child Development
Administration for Children, Youth and Families
U. S. Department of Health, Education and Welfare

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Regents' Professor of Social Work
The University of Georgia
April 19, 1978

EC112801

Overview of Work Accomplished

This project was initiated June 15, 1975 and terminated December 31, 1977. The project was conducted under the auspices of the School of Social Work, University of Pennsylvania during an interim period when the Principal Investigator, Dr. Polansky, was on the faculty of that School. Hence, the initial proposal that we replicate a study previously done in rural Southern Appalachia in an urban setting was given the additional dimension of its being done in a North-eastern metropolis. Since Philadelphia represented an even greater contrast than Atlanta would have, for example, the generality of the original results was further tested. In addition, the replication included plans for extension of the original study into some new substantive areas, and refinement of data-collection and sampling beyond the first study.

The proposed refinements included: the effort to study fathers in the study families, as well as mothers; collection of data with respect to the relative isolation of neglectful families; formulating diagnostic impressions on all cases in order better to ascertain the prevalence of the Apathy-Futility Syndrome; and so forth. The most significant additions to the original design proposed were these: introduction of a contrast group design, in which a sample of families identified as neglectful by agencies in the community was compared with a control group chosen to resemble the group used in the initial study; collection of data on families containing only the mother as parent, as well as data where both parents, or at least a consistently present father figure was in the picture.

It is not our intention to repeat here information previously submitted in the intial application or in progress reports. Rather, we will bring the grantor up to date on how the effort eventuated.

We were fortunate to find a superb staff in Philadelphia, headed by Mary Ann Chalmers. Our social workers, in addition to Miss Chalmers, were Elizabeth Buttenwieser and David P. Williams; our psychologist was Armand Aserinski; and our statistical and computer consultant was Sam Snyder, ably abetted by John Norcini; our project secretaries were Kathleen Corcoran, who was succeeded by her sister, Karen Corcoran. The recruitment of subjects was a task in which all of us participated, but of course the research social workers carried the main burden of meeting reservations about the project that might have existed in the minds of clients, and in maintaining contact with clients once they agreed to enter the study. I cannot praise their efforts enough.

Our aim was to study 50 neglectful families, but we finally had to "close the books" with 46 in that group, almost evenly divided into "father-present" and "father-absent" families. The Control group contained 50 families, all with father-present (exactly duplicating the Appalchian study), and an additional 29 families with father-absent. The function of the latter group was to make it possible to fill out the design, to see if the father presence/absence dimension had important effects on our key measures. The elaboration was instituted at the suggestion of our late consultant, Leonard Kogan, and it was fortunate we had his advice. For example, there are differences on four out of five factors on the Childhood Level of Living Scale's Physical Care segment such that families with father-present score higher; differences did <u>not</u> emerge on factors having to do with Cognitive/Emotional Care. Had we not included a father-absent sub-sample in our Control group, we would not now be in position to evaluate a number of its differences from the Neglect, since the latter contained so many father-absent families. In our study, too, there was no significant difference between Neglect and Control samples on income,

but a very important income difference related to father-presence/absence -- with the Neglect/Control variable held constant.

Complete data were obtained on nearly all mothers and focal children in the study. However, two children could not be tested successfully by the psychologist, either because of their fearfulness of the test situation or, in at least one instance, because of the rather severe emotional problems of the child. All but five fathers were interviewed at least once; our worst loss of data occurred in fathers' refusals to be tested. Of 72 fathers in study families, fifteen declined to be tested. Interestingly, losses were about as great in control families as they were in the neglect.

With the inclusion of the father-absent families in the Control group, the obtained samples of families exceeded by 25 the total envisaged in our initial application. As noted, we also collected substantially all necessary data from nearly all of them. All other steps projected, such as submitting workers' notes to coding by external judges, were completed by our research staff. So, the "bottom-line" information in this progress report is affirmative: The study was carried out as proposed and as funded. Indeed, some elaborations were carried out that were not initially funded.

Success of the Replication

In order to see whether results of the Appalachian study would generalize to a quite different setting, we had to revise instruments used as operational definitions of our key concepts. Thus, the Childhood Level of Living Scale was redesigned. Beginning with a pool around 220 items, the urban version of the CLL now stands at 99. Steps taken in refining the CLL are given in the first paper in our Appendix 1 to this report, entitled "Assessing the Adequacy of Child

Care." Given a larger staff and currently available computer facilities, we were able to develop an instrument, this time, which is believed to be superior to that from our first study. Moreover, as is indicated in the paper reporting the instrument, the CLL has now been validated against the external criterion of the Neglect/Control dimension in our sample. We are receiving requests, now, for the CLL, which we are meeting by distributing Xerox copies of the paper, which will shortly be more rapidly available in Child Welfare.

This time, too, we found it possible to test the proposition that our scoring of the CLL reflects "middle-class bias" among social workers. This issue is the subject of the second paper in the Appendix, "Class Orientations to Child Neglect." As of now, the ball is in the court of those who urge that, even with respect to such gut-level issues as those we have tapped, there are discernible subcultural differences in our country. Our conviction is that most mothers agree on these minimal essentials of child care. However, when opportunity permits, we would like to extend our sampling to other population groups than those questioned thus far, and are seeking funding to that end.

Given the development of an appropriate CLL for the urban setting, we were in position to see to what extent our results from both studies were similar. In our first study, the correlation (r) of maternal IQ with the several scores of the CLL were as follows: with Physical Care, .40; with Cognitive/Emotional Care, .49; with total CLL score, .45. In the urban replication, the correlations were: with Physical Care, .35; with Cognitive/Emotional Care, .48; with total CLL score, .44. In that study, the (r) between Mother's and Child's IQ was .45; in this, .40. Given the change in scene, the introduction of new instruments,

the fact that those collecting data were all new, these are surprising correspondences. We can take some credit for craftsmanship, but the bigger news concerns the apparent consistency of the phenomena we are investigating.

Summing up, we may say that we have a very large number of statistically highly significant differences between Neglectful and Control parents. All major hypotheses of the study were confirmed, with one exception: we are not as impressed with the presence of an "intergenerational cycle of neglect" this time as we were the last. In the opinions of our caseworkers, this conception is applicable to less than a quarter of our Neglect cases -- a fair number of whom were, in fact, from substantial families of origin. So far as the Apathy-Futility Syndrome goes, the appellation was thought by our case judges to be applicable to about 38% of all mothers implicated in neglect, but to 13% of those in the Control group. The other version of infantilism, Impulse-Ridden Character, seemed more prominent (22%) in the Philadelphia sample, and was the next largest diagnostic group to the Apathy-Futility Syndrome. None of the mothers or fathers diagnosed in the Neglect sample was thought to be essentially normal, only two were thought neurotic, although over half of those in the Control sample were seen as Normal or Neurotic. It is obvious, by the way, that we did not find all the parents in the Control group lacking in emotional problems, some of them quite serious, but despite these they still differed markedly from those in the Neglect group in child care. We also compared case diagnoses with scores on the Childhood Level of Living Scale in both samples together. If we divide our cases into: the Apathy-Futility Syndrome, Normal/Neurotic, and Other Character Disorders, the mothers diagnosed apathetic-futile average by far the lowest on the scale.

As of this writing, all necessary statistical work has been completed

and -- as the attached papers signify — we have been writing up our data. The last of the four appended papers, just completed, deals with an aspect of the study that represnts an advance over the Appalachian version. Termed "The Isolation of the Neglectful Family," this paper documents their loneliness in a variety of subjective and objective life spheres, particularly their being outside of helping networks.

Our current plan is to continue to produce papers regarding other results of the major study, seeking appropriate publication outlets for them as we can. We have also had discussions with our publisher of previous work in this area, who has expressed interest in a substantial monograph reporting not only this study, but our other work on the problem of neglect. For such a monograph, which is our chief ambition, these papers will constitute drafts of chapters.

As of now, we can report the major, overall result of the work: comparing a group of neglectful parents with one not known to be neglectful, all of them white, urban, with a child aged four to seven in the home, and <u>with income held constant</u>, there emerge striking differences in parental personalities, in life histories, and in styles of adaptation associated with child neglect. This finding will be the topic of our next paper, which is to be an invited contribution to a clinical journal in the children's field.

Appendix I
Final Report 90-C-442
4/19/78

ASSESSING ADEQUACY OF CHILD CARE: AN URBAN SCALE

Norman A. Polansky, Mary Ann Chalmers, Elizabeth Buttenwieser and David Williams[1]

The desirability of having a comprehensive, reasonably objective and valid index of how well a child is being cared for is visible at a number of levels in child welfare. A protective services worker, wondering to what extent his concern about a home is justified, would appreciate a way to compare it with others. A judge, deciding whether not a child is to be removed, takes heavily into consideration a notion of how far the youngster's mode of living falls below some standard: faute de mieux, the standard has been necessarily implicit. The researcher in child welfare, child development, family treatment, and the like, repeatedly needs a scale that summarizes the quality of the child's living environment, or that permits statements about its change. Agency executives and others charged with planning community-wide programs for children have to take their average standards of living into account.

We encountered the need for a Childhood Level of Living Scale in the course of research on neglect. Since neglect is a relative state, if you want to operationalize the concept, you have to develop a measurement. Our first Childhood Level of Living Scale (CLL) was designed to apply to a population of pre-schoolers from low-income families residing in rural Southern Appalachia. The CLL has became most widely known by being appended to a small book on the treatment of neglect[2]; however, the more complete report of its rationale,

Child Welfare (in press)

construct validity, and use in studying neglect is given in our book, ROOTS OF [illegible].[3] Subsequent statistical refinement offered evidence of its high internal consistency, and "robustness."[4]

A question after the Appalachian research was whether its major findings would be applicable elsewhere, so a replication of the study was undertaken in a Northern city, Philadelphia. It became necessary to design a new version of the CLL, suitable for an urban setting. This paper describes the selection of content for the new scale, its validity, reliability, and beginning norms. The scale, itself, and instructions for its scoring are also appended.

Development of the Scale

As in the first version, each item in the scale consists of a simple statement likely to be descriptive of a single aspect of the child's living conditions, to be rated true or false by the research social worker who knows the family. It is hoped that a scale made up of such specific judgments will be less susceptible to biases than are more global ratings. Items for possible inclusion came from several sources: our own knowledge of low-income households; the original scale; mothers from the neighborhood on the board of the group work agency where our field office was located.

For reasons of the great expense involved, pilot work was telescoped into our main study. The study involved comparing 46 low-income, white families identified by an agency as neglectful with some 79 controls (i.e. not know to be neglectful) recruited, for example, by placing ads in neighborhood newspapers. The first screening of CLL items occurred after we had accumulated around 50 cases. Items were dropped for a number of reasons. Some seemed ambiguous--

we were not comfortable about what concept they were measuring. Others were inadequately observable, so the worker felt no confidence in his/her rating. A few were age-linked--an item meant something different for a four year old than for a child aged seven, and our study included children across this span of ages. Several items had meaning only if there were a man in the house, but our research included a goodly proportion of fatherless households. A large number of items proved empirically nondiscriminatory--thus, all 50 families currently had water piped into the house and, in fact, hot water; none of these urban families started its fires with kerosene. Through this process, we winnowed our item pool down from the 220 or so which we used beginning the study. Final selections were made by cluster analyses. Each item retained had to meet the criteria suggested by the screening process depicted above; in addition, it had to form part of a cluster of sufficient demonstrated "weight" (i.e. Eigen-Value) to remain in the Scale. Note, however, that the usefulness of an item in differentiating control from neglectful homes played no role in selection either of items or of clusters.

Scoring

The scoring system for the original CLL was unsatisfactory. Since we were interested in pathology, we had arranged it so that a high score meant a "poor" home, but this is not the way most of us think. The present scoring is simple and direct. Some items are regarded as assets, some as negatives concerning a home. An affirmation that a positive is true of the household yields a 1; a "no" answer, a zero. Similarly, judgment that a negative element is not true also yields a 1, while affirmation that a negative is true of the family is scored as zero, or "no credit." The final scale contains 99 items.

so 99 is the highest possible score. In the event that there is a scattering of items that cannot be judged because of insufficient information, a score can be converted into a proportion--the percentage of all credits received out of the total number of items rated. In that way, final scores can be made comparable across homes despite some missing information.

The final score contains two major segments. Part A. Physical Care, deals with basic issues of food, clothing, shelter, safety, health care, and the like. The 47 items in it are divided into five clusters. Part B. Emotional/Cognitive Care, containing 52 items under four cluster headings has to do with providing growth experiences and emotional support. The final clusters in each half of the scale accounted for over 80% of the relevant variance in each.

Our final samples contain 125 families; however, scores on 120 were available when these analyses were done. As noted, our families were all low-income, white, and included a disproportionate number of families known to be neglectful. With these considerations in mind, we offer the following preliminary standards:

Severely Neglectful	0 - 47	to the 20th Percentile
Neglectful	48 - 62	to the 40th Percentile
Marginal Child Care	63 - 76	to the 60th Percentile
Acceptable Child Care	77 - 87	to the 80th Percentile
Good Child Care	80 - 99	to the 100th Percentile

Our own data fell into a bi-modal distribution. From examination of the curve, families scoring 70 or above are in the higher group.

Validity and Reliability[5]

Items included have, of course, been screened to provide a series of

internally consistent clusters. In addition, there are moderate to moderately high intercorrelations among all clusters in the scale. The correlation between the two Part scores, Physical Care with Cognitive/Emotional Care, was .8123; correlations of clusters with total score ranged from .6356 to .8820. So this aspect of reliability is satisfactory. Indeed, it bespeaks a "robust" scale, that is, one may condense it further by deleting items and still get comparable scores.

The sensitive type of contacts involved with subjects in this research made it impossible to run an experimental test for inter-observer reliability in applying the scale. We will be delighted if someone else undertakes this task. We did run analyses of variance among the scores of our three workers to see whether they were using the scale in such a way that there were no significant differences among them. The results showed only a scattering of significant differences, and each of these appeared related to variations in the kinds of cases they had studied.

Inter-observer reliability is also at stake in validating the scale against an external criterion judgment of other professionals. The criterion used was whether or not the family had entered our study by referral as an identified neglectful home. It will be recalled that items included in the final CLL were chosen without regard for their ability to discriminate in this respect. Nevertheless, all cluster means differed between the Neglect and Control families by beyond .001. The point-biserial correlation between the CLL and the Neglect/Control variable was .7380. Incidentally, the Father Present/Absent dimension also correlated with the scale, but to a far weaker extent. The point-biserial r was .2416 ($P < .003$). Correlations are especially low for the Emotional/Cognitive Care clusters: three of four do not relate significantly

to the father-presence variable at all. There are numerous correlations of other variables with the CIL supportive of its construct validity. Since these are also of substantive interest, we will report them in other papers. Meanwhile, our results are very reassuring as to the reliability and validity of the CIL.

CHILDHOOD LEVEL OF LIVING SCALE

Items and Scoring

Part A - Physical Care

	Key To Scoring	
	Yes	No
I. General Positive Child Care. Eigen Value 19.54, 53.2% of variance.		
1. Mother plans at least one meal consisting of two courses.	1	
2. Mother uses good judgment about leaving child alone in the house.	1	
3. Mother plans for variety in foods.	1	
4. Mother sometimes leaves child to insufficiently older sibling.		1
5. Mother plans meals with courses that go together.	1	
6. The child receives at least nine hours of sleep most nights.	1	
7. Child is offered food at fixed time each day.	1	
8. Bedtime for the child is set by the parents for about the same time each night.	1	
9. Mother has evidenced lack of awareness of child's possible dental needs.		1
10. Mother expresses concern about feeding child a balanced diet.	1	
11. Mother enforces rules about going into the street.	1	
12. Child has been taught own address.	1	
13. Child is taught to swim or mother believes child should be taught to swim.	1	
14. Mother will never leave child alone in the house.	1	
15. Mother uses thermometer with child.	1	

	Key To Scoring	
	Yes	No
II. State of Repair of House. Eigen Value 3.83, 10.4% of variance.		
16. Storm sashes or equivalent are present.	1	
17. Windows are caulked or sealed against drafts.	1	
18. Doors are weather proofed.	1	
19. House is dilapidated.		1
20. There are window screens in good repair in most windows.	1	
21. Wood floors are cracked and splintered.		1
22. There are screen doors properly mounted.	1	
23. There is an operating electric sweeper.	1	
24. Floor covering presents tripping hazard.		1
25. Livingroom doubles as a bedroom.		1
III. Negligence (Reciprocal Meaning). Eigen Value 3.36, 9.2% of variance.		
26. There are food scraps on the floor and furniture.		1
27. Child five years or older sleeps in room with parents.		1
28. At least one of the children sleeps in the same bed as parents.		1
29. Mother plans special meals for special occasions.	1	
30. Windows have been cracked or broken over a month without repair.		1
31. Clothing usually appears to be hand-me-downs.		1
32. Buttons and snaps of child's clothing are frequently missing and not replaced.		1

	Key To Scoring	
	Yes	No
IV. Quality of Household Maintenance. Eigen Value 2.81, 7.7% of variance.		
33. There are dirty dishes and utensils in rooms other than the kitchen.		1
34. There are leaky faucets.		1
35. The roof (or ceiling) leaks.		1
36. The floors of the house appear to be swept each day.	1	
37. Bathroom seems to be cleaned regularly.	1	
38. Mother takes precautions in the storage of medicine.	1	
39. Mattresses are in obviously poor condition.		1
40. Repairs one usually makes oneself are left undone.		1
V. Quality of Health Care and Grooming. Eigen Value 2.02, 5.5% of variance.		
41. Mother has encouraged child to wash hands before meals.	1	
42. Ears are usually clean.	1	
43. Mother mentions she makes effort to get child to eat foods not preferred because they are important to child's nutrition.	1	
44. Poisonous or dangerous sprays and cleaning fluids are stored out of child's reach.	1	
45. Mother has encouraged child to wash hands after using toilet.	1	
46. Mother cautions child to be careful of flaking paint.	1	
47. It is obvious that mother has given attention to child's grooming at home.	1	

Items and Scoring

Part B - Emotional/Cognitive Care

	Key To Scoring Yes	No
VI. Encouraging Competence. Eigen Value 17.94, 49.4% of variance (of Part B).		
48. Planned overnight vacation trip has been taken by family.	1	
49. Child has been taken by parents to see some well known historical or cultural building.	1	
50. Child has been taken by parents to see a spectator sport.	1	
51. Mother mentions that in the past year she has: Taught the child something about nature. Told the child a story. Read a story to the child.	1 1 1	
52. Family has taken child to downtown Philadelphia.	1	
53. Child has been taken by parents to see various animals.	1	
54. Child has been taken by parents to a carnival.	1	
55. Mother is tuned into child's indirect emotional signals.	1	
56. Mother mentions that she has played games with the child.	1	
57. Mother mentions use of T.V. to teach child.	1	
58. Child has been taken by parents to a parade.	1	
59. A prayer is said before some meals.	1	
60. Mother comforts the child when he is upset.	1	
61. There are magazines available.	1	
62. The family owns a camera.	1	
63. The child says prayers at bedtime.	1	

	Key To Scoring	
	Yes	No
64. Child has been taken to children's movie.	1	
65. Mother mentions that she answers child's questions about how things work.	1	
66. Child has been taken by parents to the firehouse.	1	
67. Child has been taken fishing.	1	

VII. Inconsistency of Discipline and Coldness (Reciprocal Meaning). Eigen Value 7.36, 20.3% of variance.

68. Mother seems not to follow through on rewards.		1
69. Mother mentions that she cannot get child to mind.		1
70. Child is often ignored when he tries to tell mother something.		1
71. The child is often pushed aside when he shows need for love.		1
72. Mother seems not to follow through on threatened punishments.		1
73. Spanking is sometimes with an object.		1
74. Mother threatens punishment by imagined or real fright object.		1
75. Very frequently no action is taken when discipline is indicated.		1
76. Mother frequently screams at child.		1
77. Mother is made uncomfortable by child's demonstration of affection.		1
78. Mother complains a lot about life.		1
79. Mother mandates child's play according to his sex. (i.e. girls may play only with dolls)		1
80. Child is never allowed to make a mess.		1
81. Dolls are available to the child for play.	1	

	Key To Scoring	
	Yes	No
VIII. Encouraging Superego Development. Eigen Value 2.62, 7.2% of variance.		
82. Mother expresses to the child her concern for his safety if there is real danger.	1	
83. There is a designated area for play.	1	
84. Parents guard language in front of children.	1	
85. Child is immediately spanked for running into the street.	1	
86. Mother mentions child asks questions showing curiosity about how things work.	1	
87. Child is taught to be respectful of adults.	1	
88. Mother puts child to bed.	1	
89. Mother mentions she limits child's T.V. watching.	1	
90. Child is encouraged to care for own toys.	1	
91. Child is taught to respect property of others.	1	
92. Mother expresses pride in daughter's femininity or son's masculinity.	1	
93. Mother is able to show physical affection to child comfortably.	1	
94. There are books for adults in the house.	1	
95. An effort is made to provide choices for the child.	1	
IX. Material Giving. Eigen Value 2.24, 6.2% of variance.		
96. Crayons are made available to the child.	1	
97. A play shovel is available to the child.	1	
98. Child is sometimes rewarded for good behavior with a treat.	1	
99. The child has a book of his own.	1	

The following definitions were used in making assessments:

A. Terms generally used

1. Appears - is readily apparent from observation.
2. Complains - expresses discontent with the situation.
3. Expresses - reveals in any manner, as in words, gestures or actions.
4. Mentions - spontaneous reference to.
5. Plans - intentional ordering or arranging to achieve purpose or goal.
6. Routine - conforming to a habitual course of procedure.
7. Seems - apparent from observation.

B. Relative to specific items

1. Item 1 - "meal courses"; either meat and one vegetable or two vegetables.
2. Item 4 - "insufficiently older sibling"; child less than 12 years old or any person who could not reasonably be expected to provide adequate care.
3. Item 3 - same as Item 1.
4. Item 14 - "yes" means mother will not do this.
5. Item 16 - "equivalent"; a plastic covering.
6. Item 18 - "weather proofed"; can be with insulating material of any sort.
7. Item 19 - "dilapidated"; a house that does not provide a safe and adequate shelter.
8. Item 21 - "splintered"; not just one splinter.
9. Item 29 - "special occasions"; birthdays, Thanksgiving; Christmas, etc.
10. Item 55 - "indirect emotional signals"; mother interprets child's behavior.
11. Item 73 - "object"; belt, shoe, switch, etc.
12. Item 81 - "dolls"; includes male dolls (e.g. super-hero dolls, etc.)

SCORING

The CLL scale is scored so that a high score reflects a good level of child care. Conversely, a low score indicates a poor level of child care. A one (1) in the appropriate column, should be scored as 1. The highest possible score is 99. Total score is the unweighted sum of all items credited.

The items, as they appear in the scale, are ordered according to the cluster analyses. In using this scale, one should disassemble the clusters, so that items are randomly listed. This will help prevent coders from introducing unconscious biases, or halo effects, on items of known loadings.

FOOTNOTES

[1]This research was supported by Grant 90-C-442 from the Office of Child Development, D/HEW to the University of Pennsylvania School of Social Work.

[2]Polansky, N. A., DeSaix, C. and Sharlin, S. A., Child Neglect: Understanding and Reaching the Parent. New York: Child Welfare League of America, 1972.

[3]Polansky, N. A., Borgman, R. D. and DeSaix, C. Roots of Futility. San Francisco: Jossey-Bass, 1972.

[4]Polansky, N. A., and Pollane, L. "Measuring Adequacy of Child Caring: Further Developments." Child Welfare, LIV, 1975.

[5]We are grateful to Dr. Sam Snyder and Mr. John Narcini for advice and help with statistics.

Appendix II
90-C-442 Final Report
4/19/78

CLASS ORIENTATIONS TO CHILD NEGLECT

Norman A. Polansky and David P. Williams
University of Georgia*

Witnessing the severe neglect of a young child stirs in most of us a mixture of compassion for the child with intrusive indignation toward his parents. Indeed, for a social worker not to react emotionally would be viewed by the rest of us as stranger than would overreacting. Even the word, neglect, is freighted with accusatory messages from childhood, "That which you ought to have done, you did not do."

Since there are such strong emotional connotations, it becomes likely that child neglect lies partly in the eye of the beholder. As one example, it is more common than not to find that the parent we hold guilty of neglect feels surprisingly unguilty. Is this difference in defining neglect related to divergent life backgrounds? Are we applying "middle class values" in deciding what is minimally acceptable child care?

In a confluence of child development research with social psychology, a number of investigators have reported

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* This study was supported by Grant 90-C-442 from the Administration for Children, Youth and Families, D/HEW.

that variations in child rearing practices and attitudes were related to the social class of the parents. A germinal study by Davis and Havighurst[1] found that middle class parents were more demanding of conformity and placed stricter controls on very young children than did working class parents. Their data were from a study conducted in 1943, in Chicago. However, Sears, Maccoby and Levin[2] reported a study done in the Boston area in 1951-52 with exactly opposite findings. Urie Bronfenbrenner,[3] in 1958, attempted to reconcile these and other studies within a larger framework. His thesis was that child rearing in both classes changes over time, but middle class parents change more rapidly, as they are more in touch with the advice of experts, and more likely to adjust behavior in response to newer teachings. Practices in the working class, according to Bronfenbrenner, represented cultural lag, since they were following the advice of an earlier cohort of pediatricians. A strongly-Marxist stance was taken by Melvin Kohn,[4] with the familar assumption that social class determines attitudes and behavior more than does any other variable. Moreover, he says, the two classes' attitudes about child-rearing reflect their objective positions. Working class emphasis on conformity, and on external consequences rather than on internalized controls, fit in with a life situation in which there are not many occasions to feel in control of one's fate. On the other hand, the middle-class valuing of "self-directedness," and on understanding the reasons for

compliance, would fit a class position where there is more freedom of choice.

Whether or not we accept Kohn's position, the findings relating social class to attitudes about child rearing practices have to be taken seriously. Perhaps the"unguilty parent" feels that way because his or her level of child care--even if offensive to us--is in line with standards prevalent in the parent's reference group. After all, our own definition of child neglect is still founded in belief and conjecture; we have very few guidelines derived from studies which show statistically, for example, that this or that deficit in child care results in such and such specific damage to the child in later life. In an area lacking objective bases for judgment, consensual validation by one's reference group becomes crucial. Have we fallen afoul of this obvious process?

Previous studies of class-anchored values about child-rearing do not answer the question. In the first place, their results conflict: we do not know from the literature whether our standards are more, or less, demanding than would be those of working class parents--at this point in history. Secondly, child development research hardly touches many phenomena critical to the study of child neglect. Whereas child psychologists might study time of weaning, and the amount of choice allowed at table, our priority is whether adequate nutrition is regularly available at all. Availabilities of shelter, clothing, protection and medical care, matters

that cause social workers sleepless nights, seem taken for granted by most engaged in child development research. Their research instruments do not deal with many gut-level issues we need to measure. Therefore, in order to study class-anchored attitudes on issues relevant to child neglect it became necessary to devise our own questionnaires. This we did by borrowing from our related work.

THE CHILDHOOD LEVEL OF LIVING SCALE

We have been conducting studies having to do with child neglect for about fifteen years. In order to bring the problem to quantifiable terms, it became necessary to develop a scale to grade the level of care a child was receiving. For our first study, conducted in rural southern Appalachia, we devised the Childhood Level of Living Scale.[5] The scale consists of a large number of statements, each describing a specific condition that may or may not be true for the home in question, and which the social worker, therefore, scores as true or false. About half the items in the scale deal with Physical Care--e.g., "There are food scraps on the floor and furniture"; about half concern Cognitive/Emotional Care--e.g., "Child is often ignored when he tries to tell mother something." The original scale had face validity, of course; construct validity was attested by its correlating with other variables in ways we would expect from theory.

More recently, we have conducted a replication and extension of the original research in the northern, urban setting of Philadelphia. To test the generality of tentative conclusions from the mountain study, it was necessary to develop an urban version of the Childhood Level of Living Scale (CLL). Our group produced a scale that is internally consistent, that can be applied reliably, and which, this time, has shown both construct validity and validation against an external criterion.[6] Indeed results of the CLL correlate .74 with labelling of cases as neglectful by referring agencies. This implies the social workers were using a definition very much like ours.

In developing the scale, we began with an initial pool of over 200 items. These have now been pared to the 99 contained in the final Urban Childhood Level of Living Scale by a series of steps, and according to criteria, familiar in scale construction. However, the instrument used in the present study was derived from the original, larger pool of items.

EVALUATING CHILD CARE

A questionnaire was developed designed to elicit attitudes about standards of child care in terms of dimensions that concern the student of child neglect. The person interviewed, or presented a written questionnaire, was given the following introductory statement:

> This is about a child between the ages of four and seven and the situation in which he lives. Some of these things will strike you as good and you will be glad about them. Some will strike you as awful and you'll feel they should be reported. Some might not seem that important, or kind of good or kind of bad, but you don't have any strong feelings about it. After each statement, just place a check mark in one of the six columns to mark your answer. Put down your first reaction. We want to know what mothers like you think about those situations in which many children live. Remember, every item is true of at least some children.

In the CLL Scale proper, the worker is given the series of items to be applied to a family he or she knows well. Each item is scored Yes or No (i.e., true or not true of the family). If the item is something we regard as a "negative," and it is not true, it is scored as a plus; if the answer is Yes, it is scored zero. A "positive" item, conversely, is scored plus if true, zero if not true. Who decided what is "a positive" or "a negative?" We did. The question, therefore, comes down to whether a group of mothers, comparable in socioeconomic status to the women in our main study, would evaluate the conditions described in the same way we had. Their agreement with us would not signify that they, or we, were using scientifically valid

judgment. But if we differed markedly from them, it might imply that class-bias had invaded our scoring.

Accordingly, the 214 items were scrambled so that those from the Physical Care half of the scale were intermixed with Cognitive/Emotional terms. Each item represented a condition, followed by a scale on which the respondent was to grade it. For example:

199. The child is often pushed aside when he shows need for love.

Report	Very Bad	Bad	Doesn't Matter	Good	Excellent

To facilitate statistical handling, each scale point was assigned a numerical value, ranging from 1 for Report to 6 for Excellent.[7] Depending on the range within which the mean for a group might fall, we can assign a verbal meaning to its average response. A mean in the range 3.50 to 4.49 would signify that, on the average, that group of respondents felt the issue Doesn't Matter.[8] All other means could be interpreted as either a positive or a negative evaluation of the condition described by the item. Thus, we have transour
muted/CLL Scale into an instrument for eliciting attitudes on issues social workers feel are relevant for defining child neglect.

RESPONDENTS

Our main study of the causes of child neglect involved 125 families from metropolitan Philadelphia, all of

whom were low-income and white. To obtain a sample for our values study that would be securely representative and limited to the same population group, by area sampling or a similar technique, would have required resources far beyond those we could allocate. We chose, therefore, to do the next best thing, which was to get a purposive sample of mothers, all of them white, working-class women from a section similar in religion and ethnic makeup to those in our main study. And, in order to avoid contaminating the main study, we recruited these women from across the river, in and around Camden, New Jersey. We had meant to net 50 respondents for this sample, but after over-recruiting and then deleting some whose demographic characteristics did not fit our sampling conditions, we had 57 working-class mothers. By way of a contrast, we also recruited into the study 58 middle-class mothers from the Philadelphia suburbs, chiefly Bucks County.[9]

The differences between the two obtained samples are visible in Table 1, on family incomes, and Table 2, on the mother's educational attainments. Since a large family might have over $11,500 per annum and still be classified "low-income," there is overlap on that variable, but there is a pronounced discrepancy in educational attainment. The well-known Hollingshead two-factor index of social position provides a score based on weighting education and occupation of head of family. Of the working-class mothers, 51% were in Class IV, 43% in Class V. Our main study compared a group of families identified locally as neglectful with a sample of

controls. The social class distribution of the neglect cases resembled that in our working-class sample here: 46% were in Class IV and 50% in Class V. Therefore, the opinions of the working-class mothers may be taken as a fair indication of those in the class reference groups to which our neglectful mothers belong. Finally, we should note that, as one would expect, the median number of children of mothers in the working-class sample was three, whereas that in the middle-class was two.

(Insert Tables 1 and 2 about here)

IS THE CLL CLASS-BIASED?

The Childhood Level of Living Scale, it will be recalled, includes items descriptive of conditions that might, or might not, fit a four-to-seven year old child's current situation. The items finally included were selected by factor analyses to establish internal consistency of the scale. Subsequently, as we have noted, it was found that the scale discriminated very well between cases referred to the study as neglectful and those recruited as controls. This association implies that the prevailing opinion among local social agencies was similar to ours. Therefore, a test of the class bias of the scale also applies to the larger social work community of which we are a part.

Would the working-class mothers, on the average, have scored the CLL differently from the way we did? We compared their means with our scoring on items of the final urban version of the scale. On 99 items, we agreed on 96;

there were only three discrepancies! The items showing differences were:

"Mother uses good judgment about leaving child alone in the house."

We scored this as a positive, the working-class mothers' mean fell in Doesn't Matter.

"Clothing usually appears to be hand-me-downs."

We scored this a negative; the working-class (and middle-class) mothers said Doesn't Matter.

"Mother mentions use of TV to teach child."

Again, we scored it a positive, and both mother's groups felt it Doesn't Matter.

"There are leaky faucets."

The working-class mothers agreed with our scoring this a negative, but the middle-class scored it Doesn't Matter.

It will be noted that there is very close agreement with working-class mothers regarding the evaluation of items in the final CLL. Moreover, we disagreed with the middle-class women as often as we did with the working-class--on only three items. Hence, it cannot be concluded that our standards are more demanding or differ from those of the larger social group in which these neglecting parents are living.

A COMPARISON BETWEEN WORKING-CLASS AND MIDDLE-CLASS ATTITUDES

The similarity of the working-class means to our own scoring raises two other questions: How similar were the two groups of mothers in their overall scoring of the CLL? Since previous studies have usually also found differences in child-rearing values between the groups, what differences emerged in the present study?

The similarity between the two samples was tested by computing the mean score for each group on each of the 99 items in the final version of the CLL, and then correlating these means. The CLL has two subscores: a Physical Care score including 47 items in Clusters I through V; and a Cognitive/Emotional Score for the 52 items in Clusters VI through IX.[10] The correlation among the means for Physical Care items was $r = .9832$; for Cognitive/Emotional $r = .9824$. Not only did the two samples agree on the positive or negative evaluations of items, as we saw above, but the actual means on many were often so close as to be startling. Indeed, if we had wanted to invent the results, we would have been more modest! Despite the differences in education and socioeconomic status among these mothers, they are very homogeneous in their evaluations of basic elements in child caring.

Wherein, then, do they differ? To examine this question, we did not limit ourselves to the 99 items that appeared in the final version of the CLL, but included the

other 115 on which we had data. Differences between ratings of items were computed, using the t-test for unrelated means, with a probability of .05 as the standard.

There were ten items on which working-class mothers expressed more disapproval than did the middle-class. All ten of these had to do with Physical Care. On the other hand, there were eight on which the middle-class expressed the stronger disapproval. Of these, five had to do with Cognitive/Emotional Care. Examples are:

"Light bulbs hang from electric wiring without fixtures." Working class mean 1.89 (Very Bad); middle-class, 2.67 (Bad) $P < .001$.

"Mother uses father as a source of fright." Middle-class mean, 2.22 (Very Bad); working-class 2.49 (Very Bad) $P < .01$.

Note that the differences are matters of degree of disapproval.

There were 24 items approved more strongly by the working-class mothers, of which 15 had to do with Physical Care and 9 with Cognitive/Emotional. Thirteen items were more strongly approved by the middle-class: of these 2 had to do with Physical Care and 11 with Cognitive/Emotional. Again, here are examples:

"Mother teaches child to wash hands after using toilet." Working-class mean 5.60 (Excellent); middle-class 5.38 (Good) $P < .05$.

"Child owns a book of his own." Middle-class mean, 5.52 (Excellent); working-class, 5.19 (Good) $P < .005$.

SUMMARY AND CONCLUSION

The present study is one of a series aimed at uncovering the predominant causes leading to child neglect. A Childhood Level of Living Scale has been developed to quantify the circumstances of children between four- and seven-years-of-age. In the course of constructing the urban version of the CLL, we raised the question whether the evaluations used in scoring reflected a middle-class bias in us and in the referring social workers.

Opinions on items in the scale were collected from a sample of working-class mothers resembling parents in our study in socioeconomic status; opinions were also collected from a contrasting group of middle-class women. The most impressive overall finding lay in the similarity among average judgments in both groups. On the minority of items on which significant differences emerged, they were always matters of degree with no conflicts about direction of average evaluation. Nevertheless, there was greater evaluative emphasis by the working-class mothers on Physical Care as compared with the relatively greater attentiveness to Cognitive/Emotional facets of child-rearing among middle-class mothers. These findings complement those of Kohn, who noted working-class concern with external conditions and basic survival issues as compared with middle-class interest

in matters psychological and internal. Congruence of our results with those of others is, of course, reassuring as to the representativeness of our purposive sampling.

Finally, there was close agreement between the way in which we scored items and the working-class mothers' evaluations of them. In our main study we have demonstrated a correlation of .31 ($\underline{P}$ <.001) between a family's score on the CLL and its socioeconomic status. It would be tempting to ascribe this low but significant correlation to class-linked differences in child-rearing values, even among these low-income families, but the present research offers no support for that explanation. Rather, it suggests that with respect to the evaluation of elements essential in child caring, opinion in our society is surprisingly unified. The kinds of behavior we see as neglectful are also seen as deviant by the couple's neighbors. Therefore, low standards of care probably represent incapacity to provide better rather than forms sanctioned by some reference group.

Notes and References

1. Allison Davis and Robert J. Havighurst, "Social Class and Color Differences in Child-Rearing," American Sociological Review, 11 (Oct. 1946), pp. 698-710.

2. Robert R. Sears, Eleanor E. Maccoby, and Harry Levin, Patterns of Child Rearing (New York: Harper and Row, 1957).

3. Urie Bronfenbrenner, "Socialization and Social Class Through Time and Space," in E. E. Maccoby, T. M. Newcomb and E. L. Hartley, eds., Readings in Social Psychology (New York: Henry Holt, 1958), pp. 400-424.

4. Melvin L. Kohn, Class and Conformity (Homewood, Illinois: Dorsey Press, 1968).

5. Norman A. Polansky, Robert D. Borgman, and Christine DeSaix, Roots of Futility (San Francisco: Jossey-Bass, 1972).

6. Norman A. Polansky, Mary Ann Chalmers, Elizabeth Buttenweiser, and David P. Williams, "Assessing Adequacy of Child Care: An Urban Scale," Child Welfare (in press).

7. From pilot work, we have found it necessary to clarify that Report implies "to legal authorities." Some early responses puzzled us, until we learned that, for example, a standard response to lack of heat in the urban Northeast is "should be reported to the super" (head janitor of one's building).

8. Use of a mean for intergroup comparisons raises the possibility that, for example, quite disparate attitudes may average to a middle-range, Doesn't Matter, score. Fortunately, all our distributions proved to be unimodal. Also, tests of significance would be adversely affected by this degree of spread.

9. Interviewers for the working-class sample were Mrs. Linda DeLuca and Mrs. Gina Scharff; data from the middle-class sample were collected by Mr. Williams. We have also appreciated the help of Dr. Sam Snyder and Mr. John Norcini in computer analyses of the data.

10. The content and scoring standards for the Childhood Level of Living Scale are contained in the paper by Polansky, et al., "Assessing adequacy of child care: an urban scale" Child Welfare (in press).

Table 1. Incomes of Respondents' Families

Range	Working Class		Middle Class	
	N	%	N	%
below $ 5,500	9	15.8	0	0.0
$5,500 - $ 9,500	14	24.6	1	1.8
$9,501 - $11,500	16	28.1	1	1.8
above $11,500	13	31.5	55	96.4*

*1 no data

Table 2. Educational Attainment of the Mothers

Level	Working Class		Middle Class	
	N	%	N	%
Attended Graduate School	0	0.0	32	55.2
College Graduate	0	0.0	24	41.4
Some College	3	5.3	2	3.4
High School Graduate	30	52.8	0	0.0
Some High School	11	19.3	0	0.0
Junior High School	12	21.1	0	0.0
Below Junior High School	1	1.8	0	0.0

Appendix III
90-C-442
4/19/78

PUBLIC OPINION AND INTERVENTION IN NEGLECT

Norman A. Polansky, Cecile Doroff,
Elaine Kramer, Daniel S. Hess
and Leonard Pollane

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Social work's theorists have always found sanction for our work in the values of our larger society. Thus, Smalley speaks of agency function as a base from which "to participate in such change as is indicated in the . . . democratic values which constitute this country's heritage and charge, as well as the heritage and charge to the profession of social work."[1] Goldstein similarly describes our services as ". . . authoritative expressions of the community's will and intent in response to certain social problems."[2] Self-confidence in our work rests in part in our sense that what we do accords with society's moral values. But, in ethically complicated matters like the handling of child neglect, it is hard to know who constitute the public, and what specific interventions "they" would support.

Our culture's values become especially germane in the social treatment of neglect at two separable phases. Values enter, first, into defining the point at which care has become so poor that intrusion into a family's life would be sanctioned. We have found high agreement among samples of working class and of middle class mothers (and ourselves) in evaluating fundamental components of adequate child care.[3]

Secondly, if the child's level of care is thought unacceptable, what is to be done about it? Cultural values enter the picture once more, because not all the things we might do that could possibly be corrective are equally supported by our society. The seemingly intractable nature of much child

neglect brings ethical issues to the forefront. Social pressures and economic rearrangements that could conceivably be applied in a totalitarian society like mainland China are quite properly not at our disposal within the guaranteed universal freedoms of a democratic society. Public attitudes about less drastic steps are unknown. While we may be reasonably confident of public support of our goals in child protective work, we have little clarity about the societal meanings attributed to our means.

The importance of societal values about interventions was underscored in the study by Maas and Engler of foster care practices in a variety of American communities.[4] The fate of the child in foster care depended heavily on mores about parental rights prevalent in his local area. A study by Boehm in Minneapolis collected opinions of community leaders about protective action in the event of child neglect.[5] There was support for intervention into the family in physical neglect, but not in emotional. Very relevant to our present interest is a small study by Varon dealing with the public relations of a protective services agency in a working class neighborhood in Boston.[6] Despite the respondents' professed concern about the child welfare problems on which the agency was engaged, the agency, itself, was seen as punitive and "child snatching" if children were removed. In effect, its workers were "damned when they did and damned if they didn't." How one handles the parent in a situation of child maltreatment may vary with whether one regards him as criminal or as "sick."

Nagi studied attitudes among personnel from a variety of organizations dealing with child abuse and neglect, and devised an index distinguishing between "punitive" and "therapeutic" approaches. The majority response was to see such parents as sick, but espousal of the therapeutic orientation ranged from a high of 91.8% of respondents from child protection agencies to a low of 44.7% among the police.[7]

These few studies represent all we have located reporting empirical work on values respecting child neglect. From their fragmentary evidence, it is obvious that the public's wish that "something" be done to better the lot of neglected children does not signify approval of all the methods of helping.

Methods of Data Collection

Studies of values usually range objects on a simple scale of like/dislike, approach/avoidance, or the like. But, in fact, the reasons for preferences are often complex, and represent compromises among opposing values. Removal of a neglected child might be thought the safest thing to do for him, but not the kindest; the same action may also be regarded as harsh treatment of his parents. The challenge, therefore, has been to find a way in which any social work intervention could be located in terms of its fuller meanings to average citizens.

Osgood's semantic differential has been used to explicate the meaning-context of a concept, usually a noun.[8] Taking

the noun under consideration, the respondent is asked to place it on a series of seven-point scales. Each scale has a pair of antonyms as its poles. After a series of trials, Osgood isolated three dimensions along which people "place" concepts that are relatively independent of each other; he called these the evaluative, activity and potency dimensions.

Rather than asking the respondent to rate an abstraction, as Osgood had done, we presented him each time with a possible action that might be taken to ameliorate child neglect. So, our use is not identical with his semantic-differential. Scales for the evaluative dimension are represented by the polar words "kind-cruel" and "sufficient-insufficient"; for the activity dimension, by "active-passive"; and for the potency dimension, by "hard-soft." Because of its special interest in making decisions affecting other people's lives, we added the scale "risky-safe." We shall confine ourselves here to findings about the evaluative scales, "kind-cruel" and "sufficient-insufficient." The first has to do with humanness; the second with efficacy.[9]

Assessment of interventions relevant to child neglect raises another issue. From whose standpoint is one rating the action taken? Sociologically, three sets of interests can be distinguished: the child's; his parents'; and the general community's.[10] Our first impulse was that an average citizen, who had had little to do with neglect, would not make such distinctions, that this was really a "difference that makes no difference." But, some respondents raised the same issue in

pilot work, so the question of whether the meanings attributed to an action would depend on the interest or standpoint with which one was identifying, seemed to require an empirical answer. In designing this research, therefore, we arranged to collect data from subjects which were oriented to scaling the interventions from each of the three standpoints.

Sampling

In this paper, we shall report experiences with three purposive samples representing a considerable span--students from a large, southern university, waitresses in a northern metropolis, and blue collar workers from a small town:

A. The student sample, studied by Doroff, consisted of 131 undergraduate students at the University of Georgia enrolled in introductory sociology classes.[11] All were volunteers, to whom questionnaires were given in class. Of this sample, 47 were assigned to identify with the child's interests, 47 with the parents', and 37 with the community's.

B. The waitress sample was recruited by Kramer in downtown Philadelphia.[12] Entree was gained by getting approval from a union official, and, subsequently, from the manager of each restaurant. Waitresses were approached in knots of two or several during "breaks." Although we offered a dollar for participation, only six accepted it. The main reason for refusals was

unwillingness to give up break time. Of the final sample of 45, most (38) were between 20 and 40 years of age; 30 had completed high school, and 4 were college graduates. In data collection, they were randomly assigned equally to the three interest conditions.

C. The blue collar sample collected by Hess included 49 employees from a planing mill, a furniture factory, and a grain elevator in Hagerstown, Md.[13] A majority (32) were male; 28 were aged 20-40, and most of the rest were over 40. Less than half this sample were high school graduates; only one had finished college. Our technique's requirement of minimal literacy became evident in this sampling, from which 16 out of an original 65 questionnaires were spoiled and obviously unuseable as data. Hess's sample was subdivided into 15 from the child's standpoint, 17 from the parents', and 17 from the community's.

The intent in the sampling of waitresses and operatives was to provide contrast with Doroff's "college sophomore" population. Thus, we could test whether values expressed by the latter would generalize among the working-class socioeconomic groups among whom neglect is more frequently identified in official statistics. We consider our purposive sampling more satisfactory for testing generality of results than in accounting for differences.

Procedure

Respondents were recruited by asking their help in finding out about a serious social problem through "a questionnaire which takes approximately 5-8 minutes to fill out, and asks your opinion about how child neglect should be handled." Each respondent was then given a questionnaire, of which we had three forms, one for each interest condition. The introductory stimulus to the form representing the child's interest read as follows:

> Recently there was a court case in which the judge had to decide what to do about a child whom some witnesses testified was being neglected by his parents.
>
> Although these witnesses were probably correct, it is always hard to decide what to do in cases like this.
>
> There were a number of actions the judge could have taken. Each is listed on one of the following pages. We are interested in knowing how each of the actions would seem to you if you were the child. Beneath each action are five scales. Please read the action, and then rapidly circle the number on the scale that corresponds to your first reaction. Your spontaneous reaction is the best. Remember, you are taking the point of view of the child.

The nature of the neglect was deliberately left somewhat vague for two reasons: a. We wanted the ratings made as

generally about neglect as we could get them; b. In real life, knowledge of a neglect situation by an average person usually is rather vague. The stimulus given above is for the child's interest; in other conditions a few words were changed in the third paragraph to call attention to the parent, or to the community. Subjects were randomly assigned to the interest conditions.

The rest of the booklet consisted of eleven pages, with a possible action the court might take, followed by the six-point scales on which it was to be rated. The sequences of pages were randomized in the various booklets to control for the effect of order of presentation. The eleven possible interventions were:

A. Jail parent(s) for criminal neglect.

B. Remove the child from his parents' home temporarily and place him in a foster home.

C. Remove the child from his parents' home permanently and find another place for him to live.

D. Assign a social worker to visit the family regularly and try to help them to improve their care of the child.

E. Require the parents to see a qualified mental health practitioner (social worker, psychiatrist, psychologist) regularly.

F. Request more information--trial to resume in thirty days.

G. Persuade parents to give the child up for adoption.

H. Dismiss the case.

I. Assign a social worker to check up on the family regularly and report to the judge whether the care of the child has improved.

J. Refer the family for welfare help to improve the child's standard of living.

K. Urge the family to leave town.

What Is the Kindest Action?

The scale for the Kind-Cruel dimension was scored so that 1 meant Kind and 7 Cruel, with the midpoint at 4. There were three samples, each containing three interest subgroups to which subjects had been assigned at random. The data were analyzed by a factorial, repeated measures analysis of variance for unequal Ns, in which the ratings for the eleven interventions were treated as repeated measurements. The resulting complexity of this design exceeded the capacity of most familiar computer packages, requiring special care to achieve a convenient and economical arrangement trustworthy as to its accuracy.[14]

Mean ratings and rank-order of the various interventions are given in Table 1. Results of the analysis of variance

are in Table 2. The main effect for Interventions was significant at far beyond chance ($p < .0001$).

Seen as most kindly were three interventions involving professional referrals: assign a social worker to try to help parents improve child care; assign a social worker to check on the family regularly; and make a required referral to a mental health clinic. Seen as cruel were: war ing the parents out of town; jailing the parents; and taking no action at all. Temporary removal of the child was adjudged neither kind nor cruel, but permanent placement in adoption or foster care was judged cruel, as of this juncture. So, the current pressure toward quicker decisions about the permanent status of children may be running counter to public opinion on the matter.

Table 2 also reveals that the main effect for Sample was significant, a result which we had not expected. The difference is attributable to the fact that the blue collar workers who, it will be recalled, were lowest in education rated all Interventions as kinder--or less cruel. Since a high proportion of them were parents, we wondered if they would identify especially with that interest, but whereas the others rated jailing the parents as cruel from the parents' standpoint, the blue collar respondents gave it a neutral rating. So, it appears their stance reflects the "law and order" orientation frequently cited for that social group.

We had not anticipated a significant main effect for Interest, and none was found. However, the significant interaction of Intervention and Interest was as predicted. In

all three samples, jailing the parent was seen as crueler from the parents' standpoint than from that of the child. To dismiss the case was thought cruel for the child's and community's interests, but neutral to the parent. From the various significant interactions, related to Intervention, we conclude that how kindly or cruel a specific Intervention will be adjudged will depend in part on the Interest identified with, as well as on the sorts of persons who are doing the judging. Nevertheless, from the relative sizes of the *F*-tests, we can see how far the variance associated with Interventions outweighed the others. In short, the results for the Kind-Cruel ratings of Interventions generalized well from the University of Georgia students to the other samples.

What Action Will Do the Job?

Sufficient-Insufficient, according to Osgood the other evaluative dimension, may be taken to represent how effective each Intervention was expected to be. A score of 1 signified Sufficient; a score of 7, Insufficient. Table 3 gives the means of the eleven Interventions and their rank ordering. As one would expect, the ordering resembles that for Kind-Cruel. Indeed, the rank-difference correlation (rho) of the two sets of ratings was +.97.[15]

From the analysis of variance given in Table 4, we see that the variance associated with Intervention, again, is far greater than the others. Which is to say that Interventions are adjudged quite differentially with respect to their probable

efficacy. This was as expected, and shows considerable generality across samples with respect to this issue, too.

The significant main effect for Sample was not anticipated. It is due to the fact that the blue collar group saw all Interventions as more Sufficient, while the students were the most dubious of the three groups. The significant interactions once again all involve Interventions, and imply that the judgment of the probable efficacy of each depends in part on the Interest identified with, as well as on the sorts of persons doing the judging.

Once again, the favored Interventions involve the use of a social worker to try to help and/or to keep an eye on the situation, or referral to mental health. Regarded as least useful are urging the family to leave town, or simply dismissing the case, both of which imply renunciation of responsibility. So, our respondents would like to have something done. However, jailing the parents is also viewed as unlikely to do any good, ranking ninth on sufficiency. While the latter judgments "make sense," and are reassuring as to the validity of the answers, we had not known that involvement of the social workers would be favored.

Discussion

This paper reports a method for studying societal values relating to actions that might be taken with respect to child neglect. The results from three quite disparate samples show that assignment of a social worker to a family, either to

try to help improve child care, or at least to stay in touch, is regarded as both humane and likely to be efficacious; referral to a mental health practitioner is similarly well regarded. These findings which were not predicted, are comforting as to the standing of our protective work with children. The respondents took an unfavorable stance toward refusal to take responsibility for action, on the one hand, and toward immediate permanent removal of the children on the other. Punitive action, such as jailing the parents, was not favored.

Overall, the results obtained from a sample of undergraduate students were found to generalize well to other populations with regard to the main concern of the study--values held about Interventions that might be taken. Our adaptation of Osgood's technique appears very promising for filling in a gap in social work's information about values affecting its societal role. We have already made an analogous pilot study in the area of mental health. Other possible content areas, as well as experimental variations, come readily to mind and can be explored relatively cheaply and rapidly with this method.

Table 1. Mean Ratings of the Interventions According to Their Kindness or Cruelty

Intervention	Mean	Rank	Tone
A. Jail parent(s)	5.36	10	Cruel
B. Remove child temporarily	4.19	6	Neutral
C. Remove child permanently	5.03	7	Cruel
D. Assign social worker to improve care of child	2.49	1	Kind
E. Require parents to see mental health practitioner	3.07	3	Kind
F. Request more information	3.80	5	Neutral
G. Persuade release for adoption	5.11	8	Cruel
H. Dismiss case	5.21	9	Cruel
I. Assign social worker to check and report	2.76	2	Kind
J. Refer for welfare help	3.23	4	Kind
K. Urge to leave town	5.84	11	Cruel

Table 2. Repeated Measures Analysis of Variance of Kind-Cruel Ratings

Source	Sum of Squares	Degrees of Freedom	Mean Square	F	P
Intervention	2184.82813	10	218.4280	72.81660	.0001
Intervention x Sample	217.50000	20	10.87500	3.62445	.0001
Intervention x Interest	336.50391	20	16.82520	5.60755	.0001
Intervention x Sample x Interest	191.26563	40	4.78164	1.59364	.011
Error	6180.93359	2060*	3.00045		
Sample	234.75513	2	117.37756	19.27313	.0001
Interest	11.65894	2	5.82947	0.95719	.3860
Sample x Interest	28.07886	4	7.01971	1.15262	.3330
Error	1254.58423	206	6.09021		

*The different degrees of freedom between the Kind-Cruel and the Sufficient-Insufficient analyses result from case deletion due to missing data.

Table 3. Mean Ratings of the Interventions According to Their Sufficiency or Insufficiency

Intervention	Mean	Rank	Tone
A. Jail parents	5.08	9	Insuffic.
B. Remove child temporarily	4.42	6	Neutral
C. Remove child permanently	4.55	7	Neutral
D. Assign social worker to improve care of child	2.94	1	Sufficient
E. Require parents to see mental health practitioner	3.28	2	Sufficient
F. Request more information	4.18	4	Neutral
G. Persuade release for adoption	4.64	8	Insuffic.
H. Dismiss case	5.63	10	Insuffic.
I. Assign social worker to check and report	3.49	3	Neutral
J. Refer for welfare help	4.38	5	Neutral
K. Urge to leave town	5.97	11	Insuffic.

Table 4. Repeated Measures Analysis of Variance of Sufficient-Insufficient Ratings

Source	Sum of Squares	Degrees of Freedom	Mean Square	F	P
Intervention	1286.39063	10	128.63905	40.23744	0.000
Intervention x Sample	266.96094	20	13.34805	4.17518	0.000
Intervention x Interest	319.52344	20	15.97617	4.99724	0.000
Intervention x Sample x Interest	211.78125	40	5.29453	1.65609	0.006
Error	6457.93750	2020	3.19700		
Sample	353.50366	2	176.75183	19.03232	0.000
Interest	55.30835	2	27.65417	2.97775	0.053
Sample x Interest	44.79565	4	11.19891	1.20588	0.309
Error	1875.96021	202	9.28693		

Notes and References

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10. We are indebted to Professor F. L. Bates of the University of Georgia for his perspicacity in urging the importance of this issue.

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14. The data were processed by the BMD-P2V. This program provides the user with a factorial repeated measures

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15. When N = 10, rho = .733 for $P < .01$. See Allen L. Edwards, Statistical Methods for the Behavioral Sciences (New York: Rinehart and Co., 1954), Table XIII, p. 513.

Appendix IV
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THE ISOLATION OF THE NEGLECTFUL FAMILY

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Most research on child maltreatment has been concerned with child abuse. There are few generalizations in the literature that apply to a majority, or even a large proportion, of neglectful families. At first glance, even the specific form or content of neglect seems to vary widely. It has taken a good deal of empirical work for us to conclude that a marginal or low level of child care is typically pervasive, so that if the physical conditions of care are known to be poor, it is probable that care in the cognitive and emotional spheres will be similarly deficient.[8]

The main hypothesis about etiology we have had is that poverty is a major contributing factor. Since so many families adjudged neglectful are also poor, this seems a proposition of unassailable credibility, although it does not account for why the majority of poor families are not neglectful.[6] In our own program of studies, we have asked the further question: What factors besides, or in addition to, poverty contribute to unacceptable child care? Research some years ago in rural Southern Appalachia found linkages between marginal child care and problems in the maternal

personality which we described as "the Apathy-Futility Syndrome."[9] More recently, we have been able to replicate that work, to elaborate on it, and to test whether some of its tentative formulations also apply in a Northern metropolis like Philadelphia.

In the earlier studies, we formed the impression that, among their other life handicaps, parents implicated in marginal or substandard child care are often very much alone. The bleakness of their isolation was anomalous in rural areas otherwise rumored to be filled with neighborly concern and mutual assistance. At the time, this was just an impression, for the exploratory study had not included provision for the organized collection of data on isolation. The present replication provided an opportunity to refine our impression into a series of testable hypotheses. We postulated that, as contrasted with others in similar socio-economic circumstances, parents implicated in neglect typically:

a. experience stronger feelings of alienation and futility;
b. profit less from potentially supportive helping networks;
c. participate less in formal organizations; and socialize less informally, as well.

If these parents are more isolated, one next wonders why they are. Do they appear to be shunned by relatives and

acquaintances? Or, does the aloneness fit a personality pattern of withdrawal visible in earlier years? Our replication contained data-collection relevant especially to the latter question.

Study Design

The sampling design called for a comparison of a sample of families identified by a social agency as neglectful with a control sample of families in similar circumstances not known to be neglectful. In keeping with the earlier study, all families were low income and white; each included at least one child between four and seven years of age, living in the home. Neglect cases were referred to the study through a careful two-stage process calculated to respect their rights and privacy. Control families were recruited by advertisements in neighborhood newspapers and other means. All families were paid $50.00 for participating. For a variety of reasons, we used a numerically unbalanced design. The neglect sample included 22 families with the legal father or a regular male partner present, and 24 headed by a woman. Fifty of the control families were two-parent households; in the other 29, no male figure was present. For present purposes, we had contrasting samples matched on a number of important variables, including household income.

Full participation in the study involved the family in as many as ten or more contacts with us. Over the course of three or four interviews, the mother gave a developmental history on her child and a social history on herself.

Fathers were seen at least once for social history on themselves. Data to be reported here represent interviews with all the mothers and all but four of the fathers in "father-present" households.

A semi-structured interview outline was used to collect social history and attitudinal information. There was a need for at least some flexibility in order of presentation and timing in view of the other difficulties in maintaining contact with these often fragile and suspicious respondents. Particular questions and scales will be described below as they become relevant in presenting results.

Alienation

The subjective sense of isolation among neglecting parents was often evident even before much could be known about the realistic circumstances of their lives. The impression we had was derived from a variety of clinical clues, but we had also included a scale for felt alienation to be taken by the parent, himself or herself. Each was given Srole's scale for Anomia.[11] The scale, surprisingly serviceable still, consists of only five statements with each of which the respondent is asked to Agree or Disagree. Items in the scale are:

1. These days a person doesn't really know whom he can count on.

2. In spite of what people say, the lot of the average man is getting worse, not better.

3. Most public officials are not really interested in the problems of the average man.

4. Nowadays, a person has to live pretty much for today and let tomorrow take care of itself.

5. It's hardly fair to bring children into the world the way things look for the future.

The higher the number of these ~~realistic~~ sentiments agreed with, the higher the score on Anomia. Mean scores for our various subsamples are given in Table 1.

Insert Table 1 about here

Table 1 is relevant to our first hypothesis, namely, that neglectful parents will average stronger feelings of alienation (and futility) than will the control. Analysis of variance among mothers' scores showed the neglectful group to average significantly higher than the control ($p < .001$). The difference between fathers' means was tested by t-test and showed a difference significant at .05. Incidentally, women in the father-absent homes average higher than did those in couples ($p < .05$). And the overall mean for mothers was nearly half a step higher than that for fathers (3.06 vs. 2.47) a difference significant at beyond

.01 by t-test. Among the 68 couples in which both completed the scale, there was a low but significant correlation between their Anomia scores ($r = .32$; $p < .004$). This correlation appeared despite the constricted range of life circumstances in our study. For example, over 95% of the neglectful families and over 80% of the control were in classes IV and V on Hollingshead's Two-Factor Index of Social Position.[7]

Isolation from Helping Networks

Kurt Lewin once remarked, "Friendly power fields are additive," by which he meant that for most of us the span of things over which we exert control is expanded by access to the possessions, skills, and influence of those who care for us. If we have no relatives or intimate friends, or if those we have are unconcerned for us, or if the intimates we have mean well but themselves have no power, then we are without help. Worse, for the obverse of Lewin's dictum is probably true: unfriendly power fields are felt to be subtractive. So, the person rendered hostile and suspicious by severe childhood deprivation may spend his energies in trying desperately to keep what little he has; innocent overtures from others may be repelled as attempts to exploit him.

The adult equivalent of being an unloved child is to have no one to whom one can turn for help. Saul Bellow thus summed up the position of Grandfather Herzog, as a failed bootlegger. "The rent, back rent, notes due, doctors' bills

to pay, and he had no English, no friends, no trade, no assets but his still--no help in all the world.[2] One of our few counters to life's capriciousness is the support we get from others.[10] But, how is it with typical neglectful families? How do these parents compare with others of low income?

Mothers and fathers were interviewed in detail about the accessibility of intimates, with particular attention to family members since in the community studied the latter usually are the core of one's helping network. Questions dealt with frequency of contacts, as well as with whether help had been given or received. Only highlights of the resulting data can be given here.

On a variety of conditions that could affect one's chances to be in a helping network, our two samples of parents showed few noteworthy differences. Neglectful mothers averaged slightly older than their counterparts (31.2 vs. 29.0); fathers, a bit younger (30.5 vs. 33.6). As detailed in Table 2, the majority were born in Philadelphia and environs--a substantial proportion in the neighborhoods where they now live. Indeed, the majority are second-generation Philadelphians.

Insert Table 2 about here

Like many low-income members of their generation, our parents were from families of origin that would be

thought large by current standards: over 60% were from families of four or more. So, there are usually siblings one might approach. Expectably, too, death has taken a larger toll of grandfathers than grandmothers, with fathers in the neglectful group having lost the most. All but 3 of the 46 neglectful, and all of the control mothers have been married at some time.

If one is concerned with culture shock due to large-scale mobility ours are not the samples in which to study it. But, even moving several blocks at a time in a city ruptures the neighborly attachments that rest so much on enduring proximity. Our tally of household moves since the present marriage yielded a median of 3.4 moves per neglectful family compared with 1.2 per control.

Our samples have a lot in common, then, as well as some discrepancies, and most of the latter favor the control group. The reader, however, will want to keep in mind the size of these discrepancies in relation to the more specific information on helping networks to be found through our Family Support Index (FSI).

An ordinal scale was constructed by combining responses to a number of questions on the interview schedule. Points on the Family Support Index are:

1. Completely Isolated No one helps, or client stated that the only person to be counted on was a social worker or similar professional helper.

2. Family Dyad. One parent or one sibling can be counted on to help.

3. Friend Dependent. No family member can be counted on; only one friend can be called on.

4. Family Bound. Two or more immediate family members--parent(s) or sibling(s) only one can be called upon for help.

5. Family and Friend Related. At least one member of the immediate family and one friend or more distant relative can be called upon for help.

6. Supported. At least one immediate family member and at least two friends or more distant relatives can be called upon for help.

Insert Table 3 about here

It may seem to the reader that this is not a very demanding scale, and it indeed did not prove so--for the control families. Of the latter, 62 out of 79 were classified as Supported. In the neglect sample, however, families spread quite evenly across the scale. Data in the Family column reflect joint contributions in two-family households; in the neglect group, this family score amounts to only a slight improvement over the score achieved by mothers only.

Differences between groups were tested by comparing proportions low on the scale (i.e., ratings 1, 2, & 3) with those high (ratings 4, 5, & 6). Difference between neglect and control mothers was significant at far beyond .001 by chi-square test; between the fathers, at .01; and between the families, at .001. So far as the ready accessibility of help is concerned, our neglectful parents are not in an average-expectable working class position. Our second hypothesis, that neglectful families profit less from potentially supportive helping networks, was strongly confirmed.

Other Evidences of Social Involvement

Does the relative isolation extend into other areas, as well? How about participation in formal social organizations, a matter much studied in various contexts over the years. For example, it has been found repeatedly that lower-class respondents have fewer such memberships.

To summarize the data on formal social organizations, we grouped respondents into three categories. "Low" meant either no memberships, or only pro forma membership (e.g., being in a parish, or a compulsory union). Men and women who were active in one outside organization and who belonged to another were rated "Medium." For instance, a woman who identified herself as a church member and as an active P.T.A. member received the Medium rating. Women and men active in two or more groups were termed "High." Results are given in Table 4.

Insert Table 4 about here

The overall difference between control and neglectful mothers was significant at beyond .001 by chi-square test. However, there was an interesting reversal, in which the married controls were more active than those without a current mate ($p < .001$ by chi-square test), but neglectful women with "Father Absent" were more participatory than those living in couples ($p < .025$, Fisher's Exact Test). The proportion of neglectful fathers rated Low was much higher than in the control sample ($p < .001$ by chi-square test). Thus, the third hypothesis was confirmed. Results with respect to informal socializing were substantially similar, and will not be documented here. We may conclude that examination of participation in both formal and informal social groups confirmed the emerging picture of relative isolation among neglectful parents.

The lack of social participation was not a new phenomenon in their lives. We also had occasion to construct an index reflecting functioning during adolescence, our Education-Dating-Occupation (E-D-O) Scale. Criteria for the scale as used in Philadelphia were somewhat different from those employed in our Appalachian study. Scoring awarded one point for each of the following:

- Graduation from high school;

- Having dated at least one person other than the one married;
- Having participated in extracurricular activities in high school;
- Having worked outside the home for a year or more prior to marriage.

Thus, there was a five-point scale, from 0 to 4, with a high score reflecting more participation during adolescence. Mean scores on the E-D-O for our various subsamples are given in Table 5.

Insert Table 5 about here

For many average-expectable youngsters, the E-D-O is not a very demanding scale. So, the relatively low scores attained by the mothers in the neglect group are the more striking. Among fathers on whom we had data, on the other hand, the difference was not nearly so noteworthy. Speaking "on the average," we may say that the neglectful parent was already starting to fall outside the mainstream in adolescence.**

Childhood Insecurity Among the Mothers

How about the stability of attachments in the early lives of these parents? How did they fare in their own families? The majority of all mothers and fathers reported they were reared in two-parent homes. But, differences

appeared in the category of "other arrangements"--i.e., institutional or foster home rearing, or being reared by extended family without a natural parent's presence. We tabulated which parents had had extended periods of placement (i.e., 6 years or more) during childhood. A total of 41.3% of the neglectful mothers fell in this category, as compared with only 7.2% of mothers in the control group ($p < .001$ by chi-square test). Differences between the two groups of fathers were not striking on this issue, either.

Given such experiences, it would not be surprising to find that having felt unwanted would be more prevalent among the neglectful mothers. It hardly seems necessary to emphasize the importance of the child's feeling of lovability. Sheer survival of the infant rests on the care given by other people. So, the matter of feeling loved goes to the very roots of security. We do not have comparable data from fathers, but mothers were asked, "Did your parents ever say they wished they had not had children?" and "Did you ever feel that they sometimes wished they had not had children?" Some responses were quite straightforward, especially from women who confidently said "No" to both questions. Others reflected uncertainty--"I'm not sure how they felt" or "Only my mother wanted me." The bitterness of some of the affirmative responses was unnerving--"I always felt like excess baggage"; "My mother said, 'I was cursed the day you were born'." Women who had been in long-time foster care usually based their replies on feelings about the foster families. Results are given in Table 6.

Insert Table 6 about here

Having felt unwanted as a child is not rare among women in the control sample, and especially among those not now living in a couple. But, the feeling applies to a majority of all the neglectful mothers, of whom less than a quarter unequivocally said they felt wanted. Differences between control and neglect distributions were significant by chi-square test at beyond .001 (2 d.f.). The neglectful mothers report childhoods that were both objectively and subjectively insecure. A similar finding has recently been reported by Gaines et al. from a study contemporaneous with ours: "Neglecting mothers were distinguished by high family stress, negative childhood experiences and relationships with parents, and a low need for perfectionism and denial of problems."[5]

The Apathy-Futility Syndrome

Given the sense of alienation, the lack of experienced support, the pervasiveness of the relative isolation, and the history of these phenomena among our neglectful parents, it is natural to wonder how these facts relate to overall character structure. In previous work, we identified a character-type thought to occur with disproportionate frequency among neglectful parents, the "Apathy-Futility Syndrome."[9] The syndrome includes a number of interrelated characteristics descriptive of a profoundly passive,

withdrawn, relatively flat and uncommunicative sort of person. We have also found it possible to scale persons with respect to how much they resemble the syndrome--in terms, one might say, of the presence or absence of "Apathy-Futility elements," or the degree to which a parent is apathetic-futile.

Research social workers completed the Maternal Characteristics Scale on each mother, which was an inventory of traits possibly descriptive of a personality which they judged to be true or false for the woman they were rating. Two factors out of the scale were germane here: Relatedness and Confidence. Control mothers rated significantly higher than neglect on each of these factors ($p < .001$ by t-test). Moreover, one can combine the factors to yield a score which can be seen as the reciprocal of Apathy-Futility. This combined score shows a correlation (Point-Biserial r) of .5814 with the control-neglect variable ($p < .001$). In our judgment, then, neglectful mothers showed more Apathy-Futility elements in their personalities.

Case readers, or Judges, used the research case-workers' dictation as a basis for assigning an independent Apathy-Futility score to each parent.*** The caseworkers' ratings on the Maternal Characteristics Scale were not available to the Judge, and while the information basic to compiling the Family Support Index was available, the Judge's attention was on rating personality traits rather than situations.

Was there, then, an association between Judges' ratings of degree of Apathy-Futility and the Family Support Index? For all mothers, the correlation was $r = .5958$; for all fathers, the correlation was nearly the same, $r = .6170$ ($p < .001$ for both). These are substantial correlations for these sorts of data, and for indices that are relatively independent; they bespeak a considerable association between futility and passivity in the personality and relative isolation from helping contacts.

Other associations, albeit not so strong, support the inference about the role of parental character in isolation. Most of our parents participated in psychological testing. This was done under our aegis, but the psychologist worked "blind" with regard to social work findings, not even knowing whether the parent being seen was considered a control or neglect case. The psychologist rated each parent with respect to his or her openness, using our Verbal Accessibility (VA) scale. By verbal accessibility is meant a person's readiness to talk about his most important attitudes and feelings.[9] The behavior is of special interest in the present connection because it was in a strange situation and with an unfamiliar person (unlike most interviews, testing was done in the field office rather than the home). Correlation of mother's Family Support Index with psychologist's VA rating was $r = .2661$ ($p < .001$); with father's, $r = .3004$ ($p = .012$). As one might surmise from the data on family isolation, mother-father pairs are also likely to

resemble each other on VA and on the presence of Apathy-Futility elements.

In short, the evidence from a variety of sources is consistent that isolation in helping networks is associated with social reticence and withdrawal as personality traits.

Discussion

Our research has combined the skills and thinking of social caseworkers with the convenience for quantitatively summing up that we associate with research technology. Having confirmed an interrelated series of hypotheses about the relative isolation of the neglectful families, and its relationship to other facets of their lives, we now ask, what is the meaning of all this?

The tendency of parents implicated in maltreatment to separate themselves, or to have been rejected by others, has been reported for some time. However, most of the earlier studies have focused on abusive parents, or on those identified with the failure-to-thrive syndromes.[4] It is important that such impressions be tested against control groups matched in socioeconomic position, because of the known negative association of social status and memberships in formal organizations and the like. So, the present results go beyond the information we have had thus far.

One implication of our findings is immediate and practical. It has been traditional in social work to try to "help the client review his own resources." There have been a number of good reasons for our doing this, not the

least of which is its contribution to mobilizing him to take charge of his life. But, there is an assumption implicit in this tactic. It is that the client is an average-expectable-person, and so imbedded in a helping network. From the data recorded in Table 3, the assumption is usually not unjustified: of the 79 low-income Control families, perhaps 68 have others who may be willing to help out. But, this otherwise reasonable assumption breaks down with Neglectful parents, for whom only a small fraction were rated Supported on our Family Support Index. No wonder they are so often in need of concrete, practical kinds of assistance. More than one-fifth were adjudged Completely Isolated, meaning that without a concerned professional helper they would have had no one in the world to whom to turn. Like Grandfather Herzog, they count among the truly help-less.

Why do so many of these parents find themselves in such a position? There has been much creative work on helping networks among the aged, and it is not unexpected that persons who have had so many of their relatives and contemporaries become disabled or die would have fewer and fewer sources of informal support.[3] But, how are we to account for the plight of parents in their late twenties and early thirties, nearly all physically intact, and living in or near the communities in which they were born?

The present data cast no light, really, on whether they are being shunned by others in their families or neighborhoods. To study this issue, we would have preferred

sociometric data--of a sort which it is nearly impossible to get in research of this kind for ethical or other reasons. Informally, we did hear of rejections in the rural study, sometimes after repeated efforts at succorance by the neighbors had yielded little gratitude and no visible change. A sociologist, looking at our data, might see in the results on the Anomia scale a reflection of the objective position in which these parents are, but this would not explain the fact that our Neglect parents scored even higher than the Controls. Nor would it explain their lack of skills at "networking."

The other sort of explanation sees their isolation as a reflection of long-standing, character problems. Essentially unrelated, many of the Neglectful mothers are not outgoing and have little to give. Polansky has elsewhere related alienation to schizoid remnants in the personality, a formulation that is consistent with the histories of these parents.[10] Given their fears of closeness, their secondary narcissism, their unwillingness to give, many of these parents are the sorts of people who at best cannot make friends--they make cronies. So, we have little doubt their isolation is based, in part, on rejection by others as well as on withdrawal. Ar for reasons about which one can only now speculate, the mothers living singly seem to be in the worst plight of all. It is little wonder, therefore, that willing clinicians have to meet such clients far more than half-way, nor that clients' unresponsiveness should contribute to their burnout.

Still, our data also show that the isolation is not normally total, that Neglectful parents, like the rest of us, fall along something of a spectrum. Hence, the proffering of concern, that is so much a part of good social work, seems very much in order. Recognizing the need for peer relations, a number of thoughtful workers have designed group experiences to be offered to such mothers. Attendance at the group is both emotionally and practically supported by the caseworker, at least at first; the group begins with minimal demands on the mother for social bravery and social skills; and so on.[1] The experience, thus far, is that, such socialization (not resocialization) groups can attract and hold a fair proportion of the mothers exposed to them. Similarly, the burgeoning movement to match these needful parents with volunteer families, assigned one-on-one, is helping some. Given the fact that their natural families of origin are often as damaged as they are, so that no warmth radiates from those hearths, an artificially inseminated extended family meets a definite need.

But, our study also suggests that there will remain a significant residuum of parents beyond the skill and patience of volunteers. This is not the place to try to set down the strategies of beneficent intrusiveness by which professionals might try to reach them, nor why one works with constant awareness of possible failure. Too many of these parents have had lives in which childhood nightmares of abandonment and loss have turned into the realities of

their adult living. It becomes the hard task of the case-worker to persuade each parent that a newer reality can be more forthcoming and manageable than she has thus far had any reason to believe.

Table 1. Mean Scores on Srole's Anomia Scale

		Mothers	
	Fathers	Father-Present	Father-Absent
Neglect	3.10	3.64	3.74
Control	2.19	2.42	3.17

Table 2. Backgrounds of Study Parents*

Factor	Percentage of Neglect	Percentage of Control
Mother Born in Phila. or suburbs	78.3	92.4
Father born in Phila. or suburbs	85.7	85.1
Maternal grandmother born in Phila.	56.8	83.5
Maternal grandfather born in Phila.	57.8	66.2
Paternal grandmother born in Phila.	75.0	73.9
Paternal grandfather born in Phila.	80.0	57.4
Maternal grandmother still lives in Phila.	70.5	74.7
Paternal grandmother still lives in Phila.	47.6	78.7
Mother from family of 4 or more	63.0	63.3
Father from family of 4 or more	61.9	68.1
Maternal grandmother deceased	11.4	12.7
Maternal grandfather deceased	45.5	32.0
Paternal grandmother deceased	28.6	6.4
Paternal grandfather deceased	52.4	21.7
Mother never married	6.5	0.0

*Percentages refer to cases on which data were known.

Table 3. Comparison of Neglect and Control Groups on the Family Support Index

	Mothers Only		Fathers Only		Family	
	Neglect	Control	Neglect	Control	Neglect	Control
1. Completely isolated	13	3	6	7	10	3
2. Family dyad	2	2	5	4	3	2
3. Friend dependent	6	2	2	4	6	1
4. Family bound	11	6	4	5	12	5
5. Family and friend related	7	8	1	3	7	6
6. Supported	6	58	3	24	7	62
Insufficient data	1	0	1	3	1	0

Table 4. Distribution of Parents on Formal Organizational Activity

Level of Anxiety	Mothers				Fathers	
	Neglect		Control			
	Father Present	Father Absent	Father Present	Father Absent	Neglect	Control
High	0	5	28	5	3	19
Medium	3	4	16	14	0	13
Low	19	14	6	10	18	15
No Data	0	1	0	0	1	3

Table 5. Mean Scores on the E-D-O Scale

	Sample	
	Neglect	Control
Father-Present Mothers	1.09	2.76
Father-Absent Mothers	1.70	2.62
All Mothers	1.40	2.71
Fathers	2.43	2.91

Table 6. Mothers' Feelings of Being Unwanted as Children

Expressed Feeling	Neglect				Control			
	Father Present		Father Absent		Father Present		Father Absent	
Wanted	5	(22.7%)	6	(25.0%)	36	(72.0%)	12	(41.4%)
Uncertain	4	(18.2%)	5	(20.8%)	8	(16.0%)	5	(17.2%)
Unwanted	13	(59.1%)	13	(54.2%)	6	(12.0%)	12	(41.4%)

Footnotes

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*Parents' scores on the FSI correlate $r = .47$ ($p < .001$).

**Correlation between E-D-O and the Srole for all parents was $r = -.26$ ($p < .001$).

***Inter-Judge reliability averaged $r = .72$.

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